

# **LOWELL FIRE**



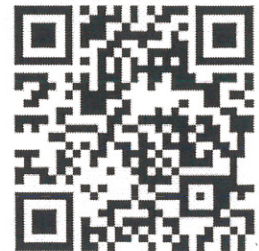
## **INCIDENT ACTION PLAN**

**JULY 31, 2015 0700**

**TO**

**AUGUST 01, 2015 0700**

***CA-NEU-017851***



**THIS PAGE  
INTENTIONALLY  
LEFT BLANK**



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> LOWELL INCIDENT CA-NEU-017851	<b>2. Operational Period:</b> Date From: 07/31/2015    Date To: 08/01/2015 Time From: 0700 hours    Time To: 0700 hours																				
<b>3. Objective(s):</b> <u>Management Objectives</u> <ul style="list-style-type: none"> <li>Provide for public and emergency personnel safety at all times</li> <li>Provide for timely and accurate release of incident information to the public, media, first responders and cooperators</li> <li>Protect and defend structures and improvements in the fire area</li> <li>Protect natural and cultural resources in the fire area</li> <li>Provide a process to manage emergency resources efficiently</li> <li>Ensure costs are minimized appropriately for values at risk</li> <li>Ensure coordination and communication with stakeholders and cooperating agencies</li> </ul> <u>Control Objectives</u> <ul style="list-style-type: none"> <li>NORTH of: Interstate 80</li> <li>SOUTH of: Buckeye Ridge</li> <li>EAST of: Highway 174</li> <li>WEST of: McGuire Mountain</li> </ul>																					
<b>4. General Weather Conditions:</b>  SEE ATTACHED																					
General Situational Awareness and Safety: <ul style="list-style-type: none"> <li>MAINTAIN L.C.E.S. AT ALL TIMES. Safety zones and escape routes are mandatory</li> <li>Ensure all personnel maintain situational awareness</li> <li>Rolling material and steep terrain. Remember to maintain good footing</li> <li>Keep your hydration up by drinking water and electrolyte beverages. Avoid energy drinks</li> <li>Maintain good communications with your supervisors, adjacent forces and crew members</li> <li>Guard against complacency.</li> </ul>																					
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>																					
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 214</td> <td><input checked="" type="checkbox"/> Finance Section Message</td> <td><input checked="" type="checkbox"/> Facility/Base Map</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 220</td> <td><input checked="" type="checkbox"/> FC-33 Input Form</td> <td><input checked="" type="checkbox"/> Travel Map</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Weather Forecast</td> <td><input checked="" type="checkbox"/> Water Usage Report</td> <td><input type="checkbox"/> Incident Map</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td><input checked="" type="checkbox"/> Fire Behavior Forecast</td> <td><input checked="" type="checkbox"/> Training Message</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> Fire Operation Check List</td> <td><input checked="" type="checkbox"/> Power line Safety</td> <td><input type="checkbox"/></td> </tr> </table>		<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 214	<input checked="" type="checkbox"/> Finance Section Message	<input checked="" type="checkbox"/> Facility/Base Map	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> FC-33 Input Form	<input checked="" type="checkbox"/> Travel Map	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Weather Forecast	<input checked="" type="checkbox"/> Water Usage Report	<input type="checkbox"/> Incident Map	<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Fire Behavior Forecast	<input checked="" type="checkbox"/> Training Message	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Fire Operation Check List	<input checked="" type="checkbox"/> Power line Safety	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 214	<input checked="" type="checkbox"/> Finance Section Message	<input checked="" type="checkbox"/> Facility/Base Map																		
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> FC-33 Input Form	<input checked="" type="checkbox"/> Travel Map																		
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Weather Forecast	<input checked="" type="checkbox"/> Water Usage Report	<input type="checkbox"/> Incident Map																		
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Fire Behavior Forecast	<input checked="" type="checkbox"/> Training Message	<input type="checkbox"/>																		
<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Fire Operation Check List	<input checked="" type="checkbox"/> Power line Safety	<input type="checkbox"/>																		
<b>7. Prepared by:</b> Name: <u>Mike Petro</u> Position/Title: <u>PSC1-T</u> Signature: _____																					
<b>8. Approved by Incident Commander:</b> Name: <u>Bret Gouvea</u> Signature:																					
ICS 202	IAP Page _____	Date/Time: <u>07/30/2015 2100 hrs</u>																			



# ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> LOWELL CA-NEU-017851		<b>2. Operational Period:</b> Date From: 07/31/2015 Time From: 0700		Date To: 08/01/2015 Time To: 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operations Section:</b>		
IC/UCs	Bret Gouvea	Chief	Steve Spinharney (D) Tony Brownell (N)		
Deputy	Phill Veneris, Keith Callison (T) Steve Shaw (T)	Deputy	Bill Weiser		
Safety Officer	Baraka Carter, Dennis Lange (T)	Staging Area			
Public Info. Officer	Mike Mohler	<b>Branch I</b>			
Liaison Officer	David Schloss / Dennis Carreiro	Branch Director	Derrick Davis		
Law Liaison	Shannon Barney	Division/Group	<b>A/B/C</b>	Ted Kakuris	
<b>4. Agency/Organization Representatives:</b>		Division/Group	<b>D</b>	Matt Sisneros Patrick Rohaley(T)	
Nevada County Sheriff	Jeff Pettitt	Division/Group	<b>E</b>	Dave Davis Andy Gregersen(T)	
CHP	George Steffenson	<b>Branch II</b>			
Cal OES	Gary Humphrey	Branch Director			
BLM	Jerry Martinez	Division/Group			
USFS	Karen Hayden	Division/Group			
Sierra Pacific Industries	Eric Sweet	<b>Branch III</b>			
PG&E	Jeff Millar	Branch Director	Unstaffed		
<b>5. Planning Section:</b>		Division/Group			
Chief	Josh Taylor	Division/Group			
Deputy	Jon Lovie, Mike Petro (T)	<b>Branch IV</b>			
Resources Unit	Paul Carlos / Kenny Osburn (T)	Branch Director	Corey Rose		
Situation Unit	Eric Scovel, Rob Decamp (T)	Division/Group	<b>W</b>	John Frederick	
Equipment Tech Spec.	Ken Elliot	Division/Group	<b>X/Y</b>	Cliff Bramlette	
Documentation Unit	Kim Moore / Tim Bingham	<b>Supp. Repair</b>			
DMOB Unit	James Klosek, Nick Lawlor (T)	Division/Group	All Groups		Dusty Gyves
GISS	Jamie Bryant	Division/Group			
FBAN	Don Watt	Division/Group			
Training Tech. Spec.	David Randolph				
<b>Logistics Section</b>		<b>Road</b>			
Chief	Craig White	Division/Group	Road Grp	Noah Demartino	
Deputy	Jesse Morris	<b>Air Operations Branch</b>			
<b>Support Branch</b>		Air Ops Branch Dir.	Dave Lopez		
Supply Unit	Lon Story	Air Support Gp Sup.	Tim Stepanovich		
Facilities Unit	Matt Reich, Larinda Pontes	Helibase Mgr.	Matt Hill		
Ground Support Unit	Robert Tooker	<b>8. Finance/Administration Section:</b>			
Ordering Manager	Chris Richins, Ron Dragoo	Chief	Rich Browne		
Crew Tech. Spec.	Justin Schmollinger	Deputy	Abigail O'Leary/Jack Franklin (T)		
<b>Service Branch</b>		Time Unit	Allison McAdams		
Motel Tech Spec	Stan Owens	Procurement Unit	Bob Counts/James Lopez		
Communications Unit	Tom Webb	Comp/Claims Unit	Skip Sannar		
Medical Unit	Jesse Winnen	Cost Unit	Suzi Cain		
<b>9. Prepared by:</b> Name: <u>Mike Petro</u> Position/Title: <u>PSC1 (T)</u> Signature: 					
ICS 203 - ORGANIZATION ASSIGNMENT LIST		Date/Time: 07/30/2015, 2100 hrs			





## Lowell Fire Weather Forecast



**FORECAST NO:** 4

**NAME OF FIRE:** Lowell

**PREDICTION FOR:** Friday July 31st

**UNIT:** NEU-Calfire

**SHIFT DATE:** 0700 Fri-0700 Sat

**SIGNED:** Ryan Walbrun

**TIME AND DATE**

**FORECAST ISSUED:** 1900 July 30th

**Incident Meteorologist**

*Ra Walbrun*

**WEATHER DISCUSSION:** A change in the weather today as monsoonal moisture will continue to increase from the south. Skies will start out partly cloudy but as the day progresses expect cumulus clouds to develop to the east of the fire closer to Tahoe and the crest. At this time thunderstorms are not expected over the Lowell Fire, however this will be monitored through the day should any storms approach the fire. Any storms east of the fire could send outflow boundaries with strong winds down Steephollow canyon so crews should maintain situational awareness and have lookouts posted. The increasing clouds will bring slightly higher humidity and cooler temperatures...however overall conditions will remain warm and dry. Ridge winds will have a more southerly component today with the usual afternoon up-canyons on the slopes.

### **WEATHER FORECAST For Friday:**

**WEATHER:** Partly cloudy. Afternoon cumulus build ups east of the fire with t-storms closer to the Sierra Crest. About a 5% chance that a cell could move over the Lowell Fire. Will need to monitor for outflow boundaries or any stray storms that may try and approach the incident.

**TEMPERATURES:** Highs 93-97. About 5 degrees cooler.

**HUMIDITY:** Afternoon minimum 18-22% About 5% wetter.

#### **20 FT WINDS:**

**RIDGETOP** - Southerly 5-10 mph gusts to 15 mph. Locally to 25 mph near any cells.

**SLOPE/VALLEY** - Afternoon upcanyon 4-8 mph gusts 10-12 mph.

**HAINES INDEX:** 5

**STABILITY/INVERSION:** Weak inversion lifting by 1000

### **WEATHER FORECAST For Friday Night:**

**WEATHER:** Evening cumulus clouds dissipating...otherwise partly cloudy

**TEMPERATURES:** Cooler with overnight lows in the 60s.

**HUMIDITY:** Moderate humidity recovery 55-65%

#### **20 FT WINDS:**

**RIDGETOP** - Southerly 5-10 mph. Evening gusts to 15 mph.

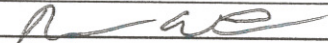
**SLOPE/VALLEY** - Downcanyon 2-5 mph overnight.

**EXTENDED FORECAST:** Thunderstorms will continue over the crest and just east of the fire on Saturday but will have to monitor should any creep our way. Otherwise more seasonable with highs in the lower 90s and RH values 20-30%. Drying trend Sunday.

**EXTRA INFORMATION:** Observed weather on Thurs was high of 101 with RH 13% at Secret Town raws.



## FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 5	TYPE OF FIRE: Wildfire
FIRE NAME: Lowell	OPERATIONAL PERIOD: 7/31-8/1/15 0700-0700
DATE ISSUED: 7/30/15	TIME ISSUED: 1900
UNIT: NEU – Nevada Yuba Placer Unit	SIGNED: 
	Typed/printed: Don Watt FBAN(T)

### INPUTS

#### WEATHER SUMMARY:

Cumulus cloud development east of the incident will occur today with the increase in monsoonal moisture from the south. However it will still be warm and dry today with highs 93-97 degrees and lows in the 60's. The relative humidity will be 18-22% in the afternoon and 55-65% recovery overnight. Winds will be southerly 5-10 mph with gusts to 15 mph on the ridgetops throughout the day and night. The slope/valley winds will be upcanyon 4-8 mph with gust 10-12 mph during the day and downcanyon 2-5 mph overnight. **Watch for cumulus build up in the fire area, and monitor their movement through the day.**

### OUTPUTS

#### FIRE BEHAVIOR

##### GENERAL:

The monsoonal moisture will continue moving from the south into the region again today. This will have limited effect on the fire behavior. The fire is being carried in the 10 and 100 hour fuels. The areas interior of the fire where large amounts of water was used will continue to dry and become available fuels. These fuels will continue to smolder and may begin to actively burn. The trees are stressed and have a horizontal continuity, which could lead to short crown runs if enough heat builds in the understory. The larger material will continue to consume over time, watch for rolling material starting fires in any unburned vegetation downhill.

##### SPECIFIC:

**Branch I:** The fire has had little activity in the past several days, but there is still the possibility of single tree torching and short runs in any remaining fuels in the interior of the burn.

**Branch III & IV:** The areas in Division D, E and W where aircraft support was used, the fuels will continue to dry over the next several days. Continue to observe inside the burn and watch for new pockets of fuel starting to burn. The weather will continue to cool and have more moisture aiding in mop up in the overnight hours.

#### AIR OPERATIONS


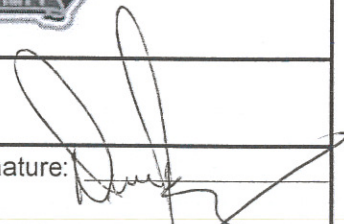
Be aware of your location when aircraft are working over the fire. Fire weakened trees may fall from bucket drops or wind turbulence.

### SAFETY

Monitor the weather today, it will be warm with monsoonal moisture moving through the region. Observe the sky conditions and monitor the clouds as they move around the fire area.



## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> Lowell		<b>2. Operational Period:</b>	Date From: 7/31/2015 Time From: 0700	Date To: 8/1/2015 Time To: 0700
<b>3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:</b>  <b><u>Communication:</u></b> Open, continuous, effective communication between fire personnel, contractors and public.  <b><u>Hydration/Nutrition/Fatigue:</u></b> Hydration and nutrition starts prior to getting to the line, monitor your people.  <b><u>Driving Hazards:</u></b> Be cognoscente of camp traffic, and lower your speeds. Slow down when traversing steep narrow roads and dusty low visibility areas.  <b><u>Snags/Stumpholes:</u></b> Identify, communicate and flag life hazard areas. Fall hazardous trees with qualified personnel. Watch footing and ash pits, wear proper PPE at ALL times.  <b><u>Demob:</u></b> Ensure personnel are rested and vehicles are mechanically safe.  <b><u>Rolling Rock/Debris:</u></b> Utilize good spacing and post lookouts in life hazard zones.  <b><u>Powerlines:</u></b> Use caution when working under lines and consider all lines are energized until proven otherwise.  <b><u>Wildlife:</u></b> Communicate to crews and adjoining resources				
				
<b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Approved Site Safety Plan(s) Located At:</b> N/A				
<b>5. Prepared by:</b> Name: Dennis Lange		Position/Title: SOF1(T)		Signature: 
ICS 208	IAP Page	Date/Time: 7/30/2015 1700hrs		





## ASSIGNMENT LIST (ICS 204)

1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period: Date From: 07/31/15 Time From: 0700		Date To: 08/01/15 Time To: 0700	3.
4. Operations Personnel:				<b>Contact Number</b> <b>(209) 274-5503 (D)</b> <b>(661) 330-0358</b> <b>(619) 843-6836</b>	<b>Branch: I</b>  <b>Division/Group: A/B/C</b>  <b>Staging Area:</b>
<b>Operations Section Chief:</b> <b>Steve Spinharney(D) Derrick Davis(N)</b>					
<b>Branch Director:</b> <b>Derrick Davis</b>					
<b>Division/Group Supervisor:</b> <b>Ted Kakuris</b>					
5. Resource Assigned:					Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)		
STC XNE 4100C	Jerry Good	21	(530) 277-6200		DP 7
STG TGU 9257G**	Jeffrey Loveless	31	(530) 680-9203		DP 7
STG SLU 9396G**	Wolfgang Quillin	33	(805) 801-7762		DP 7
<b>SOFR Sargenti</b>	Dave Sargenti	1	(831) 596-4724		DP 7
<b>FEMP Dacpano</b>	Jeffrey Dacpano	1	(831) 970-3612		DP 7
<b>FEMP Norman</b>	Wesley Norman	1	(530) 613-3328		DP 7
6. Work Assignments:					
Mop up 300' interior. Pull hose lays. Back haul garbage, hose, and water.					
7. Special Instructions:					
<b>Bold** denotes 12 hr. resource (0700-1900)</b> <b><i>Bold Italicized denotes branch resource</i></b>					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)				
NIFC CMD 3	Radio (168.0750 RX / 170.4250 TX / Tn 131.8)				
Tactical - VTAC 11	Radio (151.1375 RX / 151.1375 TX / Tn 156.7)				
Medical - CALCORD	Radio (156.0750 RX / 156.0750 TX / Tn 156.7)				
Air to Ground - CDF TAC 16	Radio (159.2850 RX / 159.2850 TX / Tn 192.8)				
9. Prepared by:                  Name: William Corey                  Position/Title: RESL(T)                  Signature: _____					
ICS 204	IAP Page	Date/Time: 7/30/15	2100		Page 1 of 1

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 07/31/2015      Date To: 08/01/2015 Time From: 0700              Time To: 0700		<b>3.</b>  <b>Branch: I</b>  <b>Division/Group: D</b>  <b>Staging Area:</b>	
<b>4. Operations Personnel:</b> <b>Operations Section Chief:</b> Steve Spinharney(D) Derrick Davis(N) <b>Branch Director:</b> Derrick Davis <b>Division/Group Supervisor:</b> Matt Sisneros, Patrick Rohaley (T)			<b>Contact Number</b> <b>(209) 274-5503 (D)</b> <b>(661) 330-0358</b> <b>(530) 521-2733</b>		
<b>5. Resource Assigned:</b>		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
STC LNU 9140C	Nate Glaeser	21	(707) 484-9697		DP 12
<b>STC MEU 9113C**</b>	Jeff Schlafer	16	(707) 391-6715		DP 12
STG SHU 9240G	Don Covert	31	(530) 277-9433		DP 12
<b>STG TCU 9481G**</b>	Sam Cousins	33	(209) 614-862		DP 12
W/T E-86 Spitfire	Bruce Florence	2	(916) 955-6783		DP 12
W/T TNF 12	Daniel Sadlo	2	(530) 635-2624		DP 12
W/T E-112 Gomes	Bill Silva	2	(530) 575-6857		DP 12
<b>SOFR Sargenti</b>	Dave Sargenti	1	(831) 596-4724		DP 12
<b>FEMP Dacpano</b>	Jeffrey Dacpano	1	(831) 970-3612		DP 12
<b>FEMP Norman</b>	Wesley Norman	1	(530) 613-3328		DP 12
<b>6. Work Assignments:</b> Mop up 300' interior. Back haul garbage, hose, and water.					
<b>7. Special Instructions:</b>  <b>Bold** denotes 12 hr. resource (0700-1900)</b> <b><i>Bold Italicized denotes branch resource</i></b>					
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Function/Name      Primary Contact: indicate cell, pager, or radio (frequency/system/channel)					
<b>NIFC CMD 3</b> Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)					
<b>Tactical - VTAC 14</b> Radio (159.4725 RX / 159.4725 TX / Tn 156.7)					
<b>Medical - CALCORD</b> Radio (156.0750 RX / 156.0750 TX / Tn 156.7)					
<b>Air to Ground - CDF TAC 16</b> Radio (159.2850 RX / 159.2850 TX / Tn 192.8)					
<b>9. Prepared by:</b> Name: <u>William Corey</u> Position/Title: <u>RESL(T)</u> Signature: _____					
ICS 204		IAP Page _____		Date/Time: 7/30/15 2100	



## ASSIGNMENT LIST (ICS 204)

1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period: Date From: 07/31/2015 Time From: 0700		Date To: 08/01/2015 Time To: 0700		3.
4. Operations Personnel: <b>Operations Section Chief:</b> Steve Spinharney(D) Derrick Davis(N) <b>Branch Director:</b> Derrick Davis <b>Division/Group Supervisor:</b> Dave Davis, Andy Gregersen (T)				<b>Contact Number</b> (209) 274-5503 (D) (661) 330-0358 (530) 320-7794		<b>Branch: I</b> <b>Division/Group: E</b> <b>Staging Area:</b>
5. Resource Assigned:			Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier		Leader				
STC NEU 9232C		Darin Nelson		17	(916) 622-3371	DP 12
STG FKU 9474G**		Alicia Whippy		31	(559) 730-1068	DP 12
STG BDU 9372G**		Pete Hein		25	(760) 900-6364	DP 12
W/T E-29 Ellis		Chuck Riley		2	(916) 790-0752	DP 12
W/T E-204 Kulikov		Andrea Kulikov		2	(209) 471-2483	DP 12
SOFR Booker		Ronald Booker		1	(760) 223-6580	DP 12
SOFR Sargenti		Dave Sargenti		1	(831) 596-4724	DP 12
FEMP Dacpano		Jeffrey Dacpano		1	(831) 970-3612	DP 12
FEMP Norman		Wesley Norman		1	(530) 613-3328	DP 12
6. Work Assignments: Mop up 300' interior.						
7. Special Instructions:  <b>Bold** denotes 12 hr. resource (0700-1900)</b> <b><i>Bold Italicized denotes branch resource</i></b>						
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel)						
NIFC CMD 3		Radio (168.0750 RX/ 170.4250 TX/ 131.8)				
Tactical - VTAC 12		Radio (154.4525 RX / 154.4525 TX / Tn 156.7)				
Medical - CALCORD		Radio (156.0750 RX / 156.0750 TX / Tn 156.7)				
Air to Ground - CDF TAC 16		Radio (159.2850 RX / 159.2850 TX / Tn 192.8)				
9. Prepared by: Name: William Corey Position/Title: RESL (T) Signature: _____						
ICS 204		IAP Page		Date/Time: 7/30/15 2100		Page 1 of 1

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 07/31/2015      Date To: 08/01/2015 Time From: 0700              Time To: 0700		<b>3.</b>  <b>Branch: IV</b>  <b>Division/Group: W</b>  <b>Staging Area:</b>	
<b>4. Operations Personnel:</b> <b>Operations Section Chief:</b> <b>Steve Spinharney(D) Derrick Davis(N)</b> <b>Branch Director:</b> <b>Corey Rose**</b> <b>Division/Group Supervisor:</b> <b>John Fredrick</b>				<b>Contact Number</b> <b>(209) 274-5503 (D)</b> <b>(818) 523-5652</b> <b>(209) 728-5448</b>	
<b>5. Resource Assigned:</b>		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader				
STC AEU 9271C	Mark Brunton	18	(530) 864-1142		DP 14
<b>STC TCU 9442C**</b>	Jacob Read	18	(916) 521-2922		DP 14
<b>STG MEU 9111G**</b>	Dean Bryner	35	(530) 340-0282		DP 14
STG AEU 9273G	Paul Gaines	30	(530) 559-8241		DP 14
W/T E-41 AFP	Richard Thickens	2	(530) 567-5265		DP 14
<b>W/T E-80 AWB**</b>	Dan Brady	1	(530) 305-2695		DP 14
<b>SOFR Shubin**</b>	Bill Shubin	1	(707) 484-4351		DP 14
<b>SOFR (T) Craig**</b>	Bryan Craig	1	(510) 697-7565		DP 14
<b>FEMP Lenihan</b>	Kevin Lenihan	1	(559) 359-6792		DP 14
<b>FEMP Moder</b>	Scott Moder	1	(707) 484-6684		DP 14
<b>6. Work Assignments:</b> Mop up 300' interior.					
<b>7. Special Instructions:</b>  <b>Bold** denotes 12 hr. resource (0700-1900)</b> <b><i>Bold Italicized denotes branch resource</i></b>					
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Function/Name      Primary Contact: indicate cell, pager, or radio (frequency/system/channel)					
NIFC CMD 3		Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
Tactical-CDF Tac 13		Radio (151.3775 RX/ 151.3775 TX/ Tn 192.8)			
Medical -CALCORD		Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)			
Air to Ground CDF TAC 16		Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)			
<b>9. Prepared by:</b> ICS 204		Name: <u>William Corey</u> IAP Page _____		Position/Title: <u>RESL (T)</u> 7/30/15 2100	
				Signature: _____ <div style="text-align: right;">Page 1 of 1</div>	



## ASSIGNMENT LIST (ICS 204)

1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period: Date From: 07/31/2015 Time From: 0700		Date To: 08/01/2015 Time To: 0700		3.	
4. Operations Personnel: <b>Operations Section Chief:</b> Steve Spinharney(D) Derrick Davis(N) <b>Branch Director:</b> Corey Rose** <b>Division/Group Supervisor:</b> Cliff Bramlette				<b>Contact Number</b> (209) 274-5503 (D) (818) 523-5652 (714) 673-7381		<b>Branch: IV</b> <b>Division/Group: X/Y</b> <b>Staging Area:</b>	
5. Resource Assigned:				Number Persons		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier		Leader		Contact (e.g., phone, pager, radio frequency, etc.)			
STC BDU 9350C		Mike Sweeney		18		(951) 318-7243 DP 14	
STG TGU 9259G**		Steve Klein		31		(530) 370-4819 DP 14	
W/T E-81 Lawlor		Patty Lawlor		2		(916) 591-8922 DP 14	
SOFR Shubin**		Bill Shubin		1		(707) 484-4351 DP 14	
SOFR (T) Craig**		Bryan Craig		1		(510) 697-7565 DP 14	
FEMP Lenihan		Kevin Lenihan		1		(559) 359-6792 DP 14	
FEMP Moder		Scott Moder		1		(707) 484-6684 DP 14	
6. Work Assignments: Mop up 300' interior. Pull hose lays as needed. Back haul garbage, hose, and water.							
7. Special Instructions:  <b>Bold** denotes 12 hr. resource (0700 - 1900)</b> <b><i>Bold italicized denotes Branch resource.</i></b>							
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel) <b>NIFC CMD 3</b> Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8) <b>Tactical-CDF Tac 23</b> Radio (159.4500 RX/ 159.4500 TX/ Tn 192.8) <b>Medical -CALCORD</b> Radio (156.0750 RX/ 156.0750 TX / Tn 156.7) <b>Air to Ground CDF TAC 16</b> Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)    							
9. Prepared by: Name: William Corey Position/Title: RESL (T) Signature: _____ ICS 204 IAP Page Date/Time: 7/30/15 2355 Page 1 of 1							

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 07/31/2015      Date To: 08/01/2015 Time From: 0700              Time To: 0700		<b>3.</b>  <b>Suppression Repair</b>  <b>Group 1</b>  <b>Staging Area:</b>
<b>4. Operations Personnel:</b> <b>Operations Section Chief:</b> <b>Steve Spinharney(D) Derrick Davis(N)</b> <b>Branch Director:</b> <b>Division/Group Supervisor:</b> <b>Dusty Gyves**</b>		<b>Contact Number</b> <b>(209) 274-5503 (D)</b>  <b>(530) 941-8858</b>		

5. Resource Assigned:		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
RESP Ahmadi**	David Ahmadi	1	(530) 559-6221	Lowell Camp
RESP Walsh**	Terri Walsh	1	(530) 205-5604	Lowell Camp
RESP Whitson**	Gary Whitson	1	(209) 419-4432	Lowell Camp
RESP Harvey**	Jack Harvey	1	(530) 277-1174	Lowell Camp
CRW NEU WAR 1**	Randy Northup	14	(530) 277-2575	Lowell Camp
DOZ E-150 Algerine**	Tim Wearin	2	(209) 770-25697	Lowell Camp
DOZ E-151 Algerine**	Zack Lomelli	2	(209) 352-2202	Lowell Camp
W/T E-88 Rodgers AWD	Buddy Rodgers	2	(916) 663-2455	Lowell Camp
W/T E-113 A & F	Howard Elliot	2	(530) 277-5975	Lowell Camp
Masticator E-251 Bordges**	Tim Borges	2	(530) 919-3711	Lowell Camp
HEQB Walter**	Terry Walter	1	(530) 598-4162	Lowell Camp
SOFR Kelso	John Kelso	1	(530) 864-2488	Lowell Camp

**6. Work Assignments:**  
 Plan and implement suppression repair needs.

**7. Special Instructions:**  
  
**Bold\*\* denotes 12 hr. resource (0700-1900)**  
***Bold italicized denotes Branch resource.***  
 24 hour Water Tenders will be reassigned to other Divisions for the night as directed by Operations.

<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Function/Name      Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	
Command-NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)
Tactical-VFIRE 24	Radio (154.2725 RX/ 154.2725 TX/ Tn 156.7)
Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)
Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)

<b>9. Prepared by:</b>	Name: <u>William Corey</u>	Position/Title: <u>RESL(T)</u>	Signature: _____
ICS 204	IAP Page _____	Date/Time: 7/30/15 1900	Page 1 of 1



## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 07/31/2015      Date To: 08/01/2015 Time From: 0700              Time To: 0700		<b>3.</b>  <b>Suppression Repair</b>  <b>Group 2</b>  <b>Staging Area:</b>
<b>4. Operations Personnel:</b> <b>Operations Section Chief:</b> <b>Steve Spinharney(D) Derrick Davis(N)</b> <b>Branch Director:</b> <b>Division/Group Supervisor:</b> <b>Dusty Gyves**</b>		<b>Contact Number</b> <b>(209) 274-5503 (D)</b>  <b>(530) 941-8858</b>		

5. Resource Assigned:		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
CRW NEU WAR 2**	Joe Madsen	16	(775) 846-2440	Lowell Camp
CRW NEU WAR 4**	John Valentich	16	(530) 310-1096	Lowell Camp
DOZ E-107 Volcano**	Franck Cameron	2	(530) 613-7259	Lowell Camp
DOZ E-110 Jackson**	Robert Jackson	2	(530) 589-2364	Lowell Camp
DOZ E-146 Donk & Buick**	Darren Schneitzer	2	(530) 335-7225	Lowell Camp
W/T E-85 Pierce	Bill Pierce	2	(775) 671-7814	Lowell Camp
W/T E-89 Volcano**	Bobby Knuckey	1	(530) 388-0719	Lowell Camp
W/T E-114 Bruner**	Jess Bruner	1	(530) 388-0719	Lowell Camp
W/T E-229 Bruner**	Mike Holland	1	(530) 412-0513	Lowell Camp
Excavator E-239 Ridge Log**	Brian Forkner	1	(530) 470-3881	Lowell Camp
Excavator E-247 Mader**	Al Mader	1	(530) 277-6074	Lowell Camp
Masticator E-240 Lester**	Lewis Lester	1	(530) 913-2417	Lowell Camp
Masticator E-252 Graham**	Clayton Graham	1	(530) 632-1977	Lowell Camp
Masticator E-254 Robinson**	Rick Smouts	1	(530) 913-2258	Lowell Camp

**6. Work Assignments:**  
 Plan and implement suppression repair needs.

**7. Special Instructions:**  
  
**Bold\*\* denotes 12 hr. resource (0700-1900)**  
 24 hour Water Tenders will be reassigned to other Divisions for the night as directed by Operations.  
 Masticator E-240 also available as an Excavator with thumb.

**8. Communications**      (radio and/or phone contact numbers needed for this assignment):  

Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Command-NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)
Tactical-VFIRE 24	Radio (154.2725 RX/ 154.2725 TX/ Tn 156.7)
Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)
Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)

**9. Prepared by:**      Name: William Corey      Position/Title: RESL(T)      Signature: \_\_\_\_\_  
 ICS 204      IAP Page \_\_\_\_\_      Date/Time: 7/30/15 1900

1. Incident Name: <b>Lowell CA-NEU-017851</b>		2. Operational Period: Date From: 07/31/2015 Time From: 0700		Date To: 08/01/2015 Time To: 0700		3.	
4. Operations Personnel: <b>Operations Section Chief:</b> Steve Spinharney(D) Derrick Davis(N) <b>Branch Director:</b> <b>Division/Group Supervisor:</b> Dusty Gyves**				<b>Contact Number</b> <b>(209) 274-5503 (D)</b> <b>(530) 941-8858</b>		<b>Suppression Repair</b> <b>Group 2</b> <b>Staging Area:</b>	
5. Resource Assigned:						Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)				
FMOD O-208 Trees Unltd**	George Harrison	2	(530) 277-7959			Lowell Camp	
Transport E-203 Robinson**	Rick Smouts	1	(530) 913-2258			Lowell Camp	
Transport E-249 Mader**	Al Mader	1	(530) 277-6074			Lowell Camp	
HEQB Hathaway**	Aaron Hathaway	1	(530) 356-1780			Lowell Camp	
HEQB Wilson**	Craig Wilson	1	(530) 386-3975			Lowell Camp	
SOFR Kelso	John Kelso	1	(530) 864-2488			Lowell Camp	
6. Work Assignments: Plan and implement suppression repair needs.							
7. Special Instructions:  <b>Bold** denotes 12 hr. resource (0700-1900)</b> <b><i>Bold italicized denotes Branch resource.</i></b> 24 hour Water Tenders will be reassigned to other Divisions for the night as directed by Operations.							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Function/Name		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)					
Command-NIFC CMD 3		Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)					
Tactical-VFIRE 24		Radio (154.2725 RX/ 154.2725 TX/ Tn 156.7)					
Medical -CALCORD		Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)					
Air to Ground CDF TAC 16		Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)					
9. Prepared by: Name: William Corey Position/Title: RESL(T) Signature: _____							
ICS 204		IAP Page		Date/Time: 7/30/15 1900		Page 2 of 2	



## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 07/31/2015      Date To: 08/01/2015 Time From: 0700              Time To: 0700		<b>3.</b>  <b>Suppression Repair</b>  <b>Group 3</b>  <b>Staging Area:</b>
<b>4. Operations Personnel:</b> <b>Operations Section Chief:</b> Steve Spinharney(D) Derrick Davis(N) <b>Branch Director:</b> <b>Division/Group Supervisor:</b> Dusty Gyves**		<b>Contact Number</b> <b>(209) 274-5503 (D)</b>  <b>(530) 941-8858</b>		

5. Resource Assigned:		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
RESP Anderson**	Guy Anderson	1	(559) 281-8479	Lowell Camp
DOZ E-148 Bordges**	JR Butts	2	(530) 295-7240	Lowell Camp
DOZ E-149 G & O**	Scott Weaver	2	(530) 344-6878	Lowell Camp
Excavator E-248 Volcano**	Kevin Haycraft	1	(530) 913-4170	Lowell Camp
FOBS Stratton**	Robert Stratton	1	(707) 696-9136	Lowell Camp
SOFR Kelso	John Kelso	1	(530) 864-2488	Lowell Camp

**6. Work Assignments:**  
 Plan and implement suppression repair needs.

**7. Special Instructions:**  
  
**Bold\*\* denotes 12 hr. resource (0700-1900)**  
***Bold italicized denotes Branch resource.***

<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):	
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Command-NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)
Tactical-VFIRE 24	Radio (154.2725 RX/ 154.2725 TX/ Tn 156.7)
Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)
Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)

<b>9. Prepared by:</b>	Name: William Corey	Position/Title: RESL(T)	Signature: _____
ICS 204	IAP Page _____	Date/Time: 7/30/15 1900	Page 1 of 1

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>Lowell CA-NEU-017851</b>		<b>2. Operational Period:</b> Date From: 07/31/2015      Date To: 08/01/2015 Time From: 0700              Time To: 0700		<b>3.</b>  <b>Branch:</b>  <b>Road Group</b>  <b>Staging Area:</b>
<b>4. Operations Personnel:</b> <b>Operations Section Chief:</b> Steve Spinharney(D) Derrick Davis(N) <b>Branch Director:</b> <b>Division/Group Supervisor:</b> Noah Demartino**		<b>Contact Number</b> <b>(209) 274-5503 (D)</b>  <b>(714) 883-9491</b>		

5. Resource Assigned:		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
W/T E-84 Pierce	Bill Pierce	2	(775) 283-8035	DP 25
<b>W/T E-233 Ryan**</b>	John Ryan	1	(775) 846-5203	DP 25
<b>W/T E-234 Ryan**</b>	John Ryan	1	(702) 496-9525	DP 25
<b>W/T E-235 Fireline**</b>	Bryan Troedel	1	(707) 489-4221	DP 25
<b>TNF Grader E-223**</b>	Chris Torres	1	(530) 446-0927	DP 25
<b>Grader E-237 Lester**</b>	Luis Lester	1	(530) 913-3417	DP 25

**6. Work Assignments:**  
  
 Improve driving conditions on fire road systems.

**7. Special Instructions:**  
  
**Bold\*\* denotes 12 hr. resource (0700-1900)**  
  
 24 hour Water Tenders will be reassigned to other Divisions for the night as directed by Operations.

<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): Function/Name      Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	
<b>NIFC CMD 3</b> <b>Tactical - VFIRE 24</b> <b>EMS - CALCORD</b> <b>Air to Ground - CDF TAC 16</b>	Radio (168.0750 RX / 170.4250 TX / Tn 131.8) Radio (154.2725 RX / 154.2725 TX / Tn 156.7) Radio (156.0750 RX / 156.0750 TX / Tn 156.7) Radio (159.2850 RX / 159.2850 TX / Tn 192.8)

<b>9. Prepared by:</b> ICS 204	Name: <u>William Corey</u> IAP Page _____	Position/Title: <u>RESL (T)</u> Date/Time: <u>7/30/15 2100</u>	Signature: _____ Page 1 of 1
-----------------------------------	--	---	---------------------------------



INCIDENT RADIO COMMUNICATIONS PLAN				Incident Name		Date/Time Prepared		Operational Period Date/Time			
				Lowell		7/30/2015 1800 hrs		7/31/15-08/01/15 0800 to 0800			
Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	N or W	RX Tone/NAC	TX Freq	N or W	Tx Tone/NAC	Mode A, D or M	Remarks
1	Command	NIFC CMD 3	All Divisions	168.0750		none	170.4250		131.8	A	Tone 3 Banner MTN
2	Command	CDF CMD 1	Not Assigned	151.3550		103.5	159.3300		OST	A	<u>Not Assigned</u>
3	Command	NEU LOCAL	Initial Attack	151.3250		131.8	159.3600		OST	A	
4	Tactical	VTAC 11	Div A/B/C	151.1375		156.7	151.1375		156.7	A	
5	Tactical	VTAC 12	Div E	154.4525		156.7	154.4525		156.7	A	
6	Tactical	VTAC 13	Not Assigned	158.7375		156.7	158.7375		156.7	A	<u>Not Assigned</u>
7	Tactical	VTAC 14	Div D	159.4725		156.7	159.4725		156.7	A	
8	Tactical	CDF TAC 13	Div W	151.3775		192.8	151.3775		192.8	A	
9	Tactical	CDF TAC 23	Div XY	159.4500		192.8	159.4500		192.8	A	
10	Tactical	VFIRE 24	Sup.Repair/Roads	154.2725		156.7	154.2725		156.7	A	
11	Tactical	VFIRE 25	Not Assigned	154.2875		156.7	154.2875		156.7	A	<u>Not Assigned</u>
12	AIR TO GROUND	CDF TAC 16	All Divisions	159.2850		192.8	159.2850		192.8	A	Air To Ground
13											
14	EMS	CALCORD	All Divisions	156.0750		156.7	156.0750		156.7		IWI Use
15	Emergency	Air Guard	All Divisions	168.6250			168.6250		110.9 ( 1 )		EMERGENCIES ONLY
16											
17											
18	Emergency	Air Guard	All Divisions	168.6250 N			168.6250 N		110.9 ( 1 )		EMERGENCIES ONLY
Prepared By (Communications Unit)				Incident Location							
Tom Webb COML IMT #1				County Nevada		State-CA		Latitude		N Longitude	
				W							

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.



# MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> <b>LOWELL</b>		<b>2. Operational Period:</b> Date From: 7-31-15      Date To: 8-1-15 Time From: 07:00      Time To: 07:00					
<b>3. Medical Aid Stations:</b>							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
MERT (RN/MD)	BASE CAMP NEAR POND IN PARKING	(530) 310-4511	No				
<b>4. Transportation</b> (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
SIERRA NEVADA AMB (M6)	DROP POINT 3	(530) 477-5761	ALS				
AMR	COLFAX AND AUBURN	(916) 563-0910	ALS				
AIR AMUBLANCE	GRASS VALLEY ECC AIR AMBULANCE CORDINATION	(888) 692-6692	ALS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
SIERRA NEVADA MEMORIAL	155 GLASSON WAY, GRASS VALLEY N 39 13.36.75 W 121 02 85	530-274-6001	5	15	NO Level: _____	NO	YES
AUBURN FAITH	11815 EDUCATION ST, AUBURN, CA	(530) 888-4562		30	NO Level: _____	NO	NO
SUTTER ROSEVILLE	1 MEDICAL PLAZA ROSEVILLE, CA N 38 44.89 W 121 15.00	(916)786-3033	16	45	YES Level: 2	NO	YES
UC DAVIS	2315 STOCKTON BLVD SACRAMENTO N 38 33.20 W 121 27.10	(916) 734-3790	23	60	YES Level: 1	YES	YES
<b>6. Special Medical Emergency Procedures:</b> <b>LINE EMERGENCY:</b> Crew Supervisor to contact Division Supervisor with patient complaint/condition and location. <ul style="list-style-type: none"> <li>Division Supervisor contacts:             <ol style="list-style-type: none"> <li>Line EMT at nearest Drop Point</li> <li>Communications Unit</li> </ol> </li> <li>Communications Unit contacts:             <ol style="list-style-type: none"> <li>Ground EMS resource on Fire Line</li> <li>Operations</li> <li>Safety</li> <li>Medical Unit</li> </ol> </li> <li>Division Supervisor or designee will serve as point of contact and run medical emergency utilizing <u>CALCORD</u> for IWI and only for duration needed.</li> <li>Communication Unit will clear command channel for emergency traffic as needed and only for time needed.</li> </ul> <b>BASE CAMP EMERGENCY</b> Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident: <ul style="list-style-type: none"> <li>Medical Unit contacts:             <ol style="list-style-type: none"> <li>Communications</li> <li>Safety</li> <li>Logistics</li> <li>Operations</li> <li>Crew Supervisor</li> <li>Comps/Claims</li> </ol> </li> </ul>				<b>INJURY REPORTING PROCEDURES</b>  <b>CHIEF COMPLAINT</b> _____ <b>LOCATION OF PATIENT</b> _____ <b>TRANSPORT REQUEST BY:</b> AIR ___ GROUND ___ <b>DIVISION</b> _____ <b>CREW</b> _____ <b>POINT OF PICKUP</b> _____ <b>LAT</b> _____ <b>LONG</b> _____ <b>IS EMT WITH THE PATIENT:</b> YES ___ NO ___ <b>AGE</b> _____ <b>SEX:</b> MALE ___ FEMALE ___  <div style="text-align: center;"> <b>ALL EMERGENCIES</b>  <b>Secure the area and identify witnesses for later investigation. Keep an accurate log of events.</b> </div>			
<input checked="" type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
<b>7. Prepared by</b> (Medical Unit Leader): Name: JESSE WINNEN				Signature: _____			
<b>8. Approved by</b> (Safety Officer): Name: DENNIS LANGE				Signature: _____			
ICS 206		IAP Page _____		Date/Time: 7/30/15 17:00			



## Suppression Repair Message

The following are repair task that crews can conduct as available on the fireline.

### Handlines

- Install waterbreaks when necessary to prevent erosion.
- Handlines along the contour, on ridge tops or other flat areas will not require waterbreaks if the line will not concentrate water runoff.
- Waterbreaks on handlines shall be cut a minimum of 6 inches into firm ground and shall have an unobstructed discharge at the outlet.
- Remove all trash from the lines so it can be backhauled.

### **Dozer Lines**

- Move hose lines to one side of the line so that it can be accessed and repaired by equipment if necessary.
- Install waterbreaks as feasible focusing on very steep areas first.
- Waterbreaks should be deep enough to significantly reduce the chance of being destroyed by off-highway vehicle use. (12" high berms with 6" deep cut into hard earth totaling 18")

### **Roads**

- Remove berms from outside of roads.
- Clean Culvert inlets of debris from suppression activities.
- Clean inside ditches of debris from suppression activities.

### **General Repair Items**

- Report any damage to property including gates, fences, watersources, culverts or any other damage caused by suppression activities.
- Remove all trash generated by the incident.

• Fireline and Road Gradient (%):	<u>0-10</u>	<u>11-25</u>	<u>26-50*</u>	<u>&gt;50*</u>
Fireline waterbreak spacing	150'	100	75'-50'	50'-25'
Road waterbreak spacing	150'	100	75'-50'	N/A'



## **FINANCE MESSAGE**

**DATE: Friday, July 31st, 2015**

### **TIME UNIT**

- Please come by the Time Unit and start your FC-33
- Vendor drop off your agreements to the Time Unit
- Shift Tickets need to be completed by line supervisor and turned in at the end of each shift.
- See attached updated FC-33 worksheet
- See attached Shift Ticket examples
- Federal Time Unit will be leaving this morning

### **COMP / CLAIMS**

- Report all injuries
- Property Damage must be reported to Comp / Claims and documented
- Report any Vehicle Damage

### **PROCUREMENT UNIT**

- Offsite feeding must have prior approval of the Finance Section Chief
- Water usage reports need to be turned into Comp / Claims daily

### **INCIDENT BILLING INFORMATION**

CAL FIRE Nevada Yuba Placer Unit  
13760 Lincoln Way  
Auburn, CA 95603

Index Code: **2300**

Billing Code: **013857**

PCA Code: **00900**

Federal P Code: **PNJZ4U**

**Rich Browne**  
IMT-1 Finance Section Chief

**Abby O'Leary**  
IMT-1 Deputy Finance Section Chief





**CAL  
FIRE**



## FC-33 DAILY UPDATE

DATE:				24 Hr	12 Hr
RQST #:				S/T #	
WORK LOCATION:					
Radio IDs:					
ST Leader:	DOZER BLADE HRS	PRTBL PUMP HRS	# OF SAWS	HRS ON EACH SAW	NOTES
Engine/Crew:					
Comments (any changes?):					
CELL PHONE #:					

8/29/2013

## 1 operator, 12 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM										Contractor Name						
The responsible Government Officer will complete this form each shift.										We Build Line						
Incident or Project Name Wild			Incident Number CALNU 123456			Request Number E-61			Operator #1 Jason Ferguson		Operator #2					
Agreement Number LNU76543210										Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Equipment Make CAT			Equipment Model / Type Dozer D6N							Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 3BG0236			Licence Number							Equipment Status Inspected <input checked="" type="checkbox"/> Under Agreement						
Equipment Use										Released by Government <input type="checkbox"/> Withdrawn by Contractor						
Date Mo / Day		Start	Stop	Work	(Circle) Hours		Days / Miles		Assignment		Remarks/Comments ** <b>1 Operator</b>					
7/17		0001	0800	8					Off Shift							
7/17		0800	2000	12					Division B							
7/17		2000	2400	4					Off Shift							
Vendor Rating										Govt. Rep. Name and Position - PRINT						
Met Performance Expectations			Poor*			Avg.			Good			Exc.	N/A	Steve Hampton, Div B		
Equipment in Safe Working Condition			Vendor Rating must be done.										Govt. Rep. Signature Steve Hampton			
Operator Skill Level													Contractor Signature Jason Ferguson			
Operates Safely													Date 07/17/12		Time 2000	
Operator's Cooperation Level																
Overall Performance												CALFIRE 297 (Rev 3-2011)				

\* NOTE: Any rating of POOR requires an explanation in Comment Section.  
 \*\* Final evaluation or for more documentation, use an ICS Form 230 or equivalent.

Pink - Finance      Blue - Home Unit HE Coordinator      Yellow - Vendor      White - Govt Representative

## 2 operator, 24 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM										Contractor Name						
The responsible Government Officer will complete this form each shift.										Water Haulers						
Incident or Project Name Wild			Incident Number CALNU 123456			Request Number E-64			Operator #1 Sean Rodgers		Operator #2 Wayne Rodgers					
Agreement Number LNU2223333										Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Equipment Make Peterbilt			Equipment Model / Type 4000 Gallon							Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 11343N			Licence Number 6A256483							Equipment Status Inspected <input checked="" type="checkbox"/> Under Agreement						
Equipment Use										Released by Government <input type="checkbox"/> Withdrawn by Contractor						
Date Mo / Day		Start	Stop	Work	(Circle) Hours		Days / Miles		Assignment		Remarks/Comments ** <b>2 Operators</b>					
7/16		1300	1500	2					Travel In							
7/16		1500	2400	9					Division B							
7/17		0001	0800	8					Division B							
Vendor Rating										Govt. Rep. Name and Position - PRINT						
Met Performance Expectations			Poor*			Avg.			Good			Exc.	N/A	Mike Brown, Div B		
Equipment in Safe Working Condition			Vendor Rating must be done.										Govt. Rep. Signature Mike Brown			
Operator Skill Level													Contractor Signature Wayne Rodgers			
Operates Safely													Date 07/17/12		Time 0800	
Operator's Cooperation Level																
Overall Performance												CALFIRE 297 (Rev 3-2011)				

\* NOTE: Any rating of POOR requires an explanation in Comment Section.  
 \*\* Final evaluation or for more documentation, use an ICS Form 230 or equivalent.

Pink - Finance      Blue - Home Unit HE Coordinator      Yellow - Vendor      White - Govt Representative



**NOTE: This form must not be used to certify lost, stolen or worn out property. A STD 152 Property Survey Report must be completed.**

LOCATION / INCIDENT NAME:	INCIDENT NUMBER:	UNIT:	REGION:	DATE:
THE FOLLOWING ARTICLES WERE: (broken, left on line, damaged, or other)				DATE OF OCCURRENCE:

LOCATION OF ITEMS:

REMARKS:

SIGNATURE:	PRINTED NAME:	TITLE:	DATE:
------------	---------------	--------	-------

COMMENTS:

**NOTE:** This form must not be

## Instructions for Use of CDF 101 Property Certification of Location or Damage

**Document Number:** for use as a local number system or when attached to a FC-40 document.

**Location / Incident Name:** Enter the CDF facility property is assigned to. If submitting to an incident base, enter the Incident Name.

**Incident Number:** Enter the appropriate incident number

**Unit:** Enter the Unit the property is assigned to. If submitting to an incident base, enter the request number of the person certifying damage example E-320, C-14 or O-355.

**Region:** Enter the CDF Region where the property was assigned. If submitting to an incident base, enter the CDF Region responsible for the incident.

**Date:** Enter the date the P.L. or D. was completed.

The following items were: Enter either 'Broken', 'Left on Line', 'Damaged' or other status of the property.

**Reminder, this form cannot be used in place of the STD-152 to certify Lost, Stolen, Worn Out or Damaged beyond repair property.**

**Date of Occurrence:** Enter the date the property was broken, left on line or damaged.

**Quantity:** Enter the quantity for the line item.

**Unit of Measure:** Enter the unit of measure for the line item (example ea = each).

**CDF Stock Number:** Enter the PIN or stock number.

**Description:** Enter the description of the line item, indicate size, make, model and type. Clearly describe the item and provide adequate data to effectively identify equipment or property.

**Property Number:** Enter the CDF property number assigned to the line item, Capitalized or sensitive property must have their property number entered here.

**Location of Items:** Where is the property now (example, left on Division B night shift 8/1/04, Drop Point 2). A GPS coordinate, Station 22 or Unit Service Center may also be used to describe Location.

**Remarks:** Enter specific remarks here, how was the property damaged, what specifically is wrong with it.

**Signature of Person Certifying Occurrence as Described:**

**Signature:** The CDF Employee certifying the occurrence must sign.

**Printed Name:** Enter the printed name of the signature.

**Title:** Enter the title of the signature.

**Date:** Enter the date of the signature.

### Unit Supervisors Approval:

If submitted on an incident this section must be completed by the supervisor of the property custodian. This may be the Strike Team Leader, Division Supervisor, Receiving and Distribution Manager, Supply Unit Leader, Logistics Section Chief, Agency Representative or Incident Commander.

If submitted at the home Unit this section must also be completed by the supervisor of the property custodian. This may be a Battalion or Division Chief.

**Comments:** Supervisors may enter comments of approval or disapproval.

**Signature of Unit Administrator:** Signature of Unit Supervisor reviewing the certification described.

**Title:** Title of the signature.

**Date:** Date of the signature.

**Notes:**

**This document is NOT required if exchanging property at an incident base with the exception of capitalized or sensitive property assigned a CDF property number.**

**This document is required as certification when submitting an MRT to your local Service Center for replacement of property.**

**An OF-315 (Incident Replacement Requisition) is required as authorization to purchase fire replacement items at your local Unit. This document is required when submitting an MRT to your local Service Center for fire replacement items. A CDF-101 and/or A STD-152 are required for the certification of the status of property being requisitioned for replacement.**



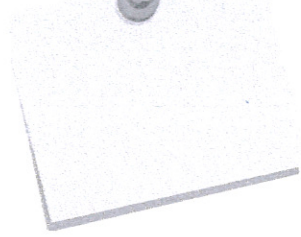
# TRAINING SPECIALIST MESSAGE

## OFFICE LOCATION IS NEXT TO CHECK-IN

The following trainee's still need to register with the TNSP to receive proper credit for your assignment:

C-54.17	Alba, Miguel	O-184	Main, Zachary
E-16.7	BAIR, TROY A	O-378	Marglin, Scott
O-321	Brady, Rachael	E-54.7	MCLEAN, KEVIN
O-183	Campmas, Christophe	C-24.2.1	Munyon, Jeff
O-369	Carlson, Annmarie	C-48.2.1	Partridge, Morgan
O-381	Carlson, Annmarie	C-3.20	Phouansavanh, Phillip L
O-276	Carter, Bryan W	O-215	Pineau, Bryan M
C-29.16	Ceballos, Rolando	C-47.2.1	Polino, Luis A
O-256	Celebron, Faith	C-54.18	Raybould, Ben
E-5.2	Chapman, William	E-192.7	Read, Jacob R
E-69.4.3	Derby, Julia	E-49.3.1	Reeder, Cameron
C-35.14	Espinoza, Omar	O-5	Reese, Daniel
O-272	Fellers, Ryan	E-78.1	Repetto, Mark J
E-21.8	French, Adam	C-58.2.1	Riley, Brian J
O-12	Glenn, Dave	A-11.8	Rosengren, Tanya J
E-72.8	Gonzalez, Steven	E-76.3.5	Scalvini, Kyler
O-116	Hallmark, Aaron	C-27.13	Silva, Tyler
E-49.2.1	Haskins, Matthew T	C-54.20	Stelljes, Nicholas
C-1.1	Hein, Pete	C-54.11	Tijerino, Alejandro C
C-48.3.2	Hibbard, Patrick	C-32.3.1	Tritchler, Jobey
C-3.6	Holmes, Lily	E-15.1	Vestal, Jason N
O-152	Hutchinson, Dawn	E-69.4.2	Whitcomb, Jeffrey
O-323	Jackson, Garrett F	O-353	Whiteside, James
O-288	Johnson, Erik Gunner	E-142.2.1	Wolter, Corey
E-5.4.2	Juarez JR, Guadalupe		
E-165.2	King, Scott A		
E-47.7	Komula, Erik		
O-2.8	Lohse, Scott		
E-76.2	Long, Damon H		
O-220	Lopez, James F		
C-36.4	Loveless, Jeffrey		

# FROM THE DESK OF DOCUMENTATION



Lowell Incident  
7-31-15

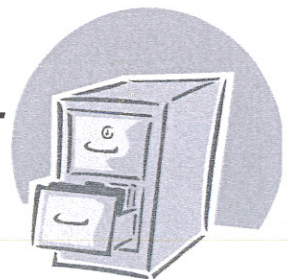
## Who needs to turn in what?

*Unit Logs (ICS 214's) are required by Strike Team Leaders and above. However, Crews, Engines and possibly other contractors working on the line or in camp, may be asked to fill them out, especially if there has been a significant event that may need to be documented, or if requested by your Supervisor. Ensure they are signed and dated and include operational period if applicable.*

*Copies of the Crew (ICS 224's) and Personnel (ICS 225's) Evaluations are sent to your home unit or business office. Therefore, it is imperative to provide the home unit or business name and address on the evaluation form.*

*Thanks for your help and cooperation.*

Documentation Unit







# DEMOBILIZATION PROCEDURES

## Lowell Incident

### CA-NEU-017851



BRET GOUVEA – INCIDENT COMMANDER

- When your Name and/or Request number is posted on the Demob (Demobilization) list, report to the Demobilization Unit. The Demob list can also be accessed in the incident box account utilizing the incident Q.R. code.
- **STRIKE TEAMS: ONLY THE STRIKE TEAM LEADER NEEDS TO REPORT TO THE DEMOBILIZATION UNIT.**
- You must have your Order / Request number to begin the demobilization process.
- Pickup your demobilization check-out form (ICS-221) from the Demobilization Unit, then go to the following units to obtain the necessary signatures.
  - Supply Unit
  - Communications Unit
  - Ground Support / Vehicle inspection (If applicable)
  - Documentation Unit
  - Time Unit
  - Training Unit (If applicable)
  - Accommodations (If applicable)
- Return the completed ICS-221 form to the Demobilization Unit.

### Vehicle Inspections:

- A vehicle inspection time will be provided when you initially arrive to the Demobilization Unit.
- Vehicle inspection occur at:

*Cal Fire Station 20  
10242 Ridge Road  
Nevada City, CA 95959*

### DO NOT REPORT FOR VEHICLE INSPECTION PRIOR TO YOUR APPOINTMENT TIME!

- Agency dozers, ask for specific ground support instructions.



## FIRING OPERATION CHECKLIST

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Firing Supervisor \_\_\_\_\_

### 1. Personnel Briefing

- ☐ Objectives
- ☐ Conditions (fire environment)
- ☐ Resource assignments identified
  - ☐ Firing personnel
  - ☐ Holding forces
  - ☐ Lookouts
- ☐ Ignition plan/sequence
- ☐ Communication Plan
- ☐ Contingency Plan
- ☐ Safety issues

### 2. Go / No-Go

- ☐ All personnel briefed
- ☐ Weather forecast reviewed
- ☐ Resources in place
- ☐ Lookouts posted as needed
- ☐ Anchor and termination firing points identified
- ☐ Communications systems in place
- ☐ Fire behavior forecast reviewed
- ☐ Escape routes and safety zones established and made known
- ☐ Adjoining forces/Air Attack notified

### 3. Approval Prior To Firing

- ☐ Division Supervisor
- ☐ Branch Director
- ☐ Operations

### 4. Other Notifications

- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Attach Firing Operations Checklist to ICS-214





# WATER USAGE REPORT

DATE: \_\_\_\_\_

Division / Group: \_\_\_\_\_

AGENCY ID / VENDOR: \_\_\_\_\_

I.e., Strike Team 1110C, Acme Water Tenders

REQUEST # \_\_\_\_\_

TURN INTO FINANCE DAILY

WATER SOURCE LOCATION	Hydrant	Open source i.e. pond	Tank	Gallons Used	Property Owner / Contact Number if known **

\*\*Please note if you made contact with property owner and their contact.  
(Use reverse side if needed.)

Information: \_\_\_\_\_.

The intent of this document is intended to track, record and validated the amount of water used on a incident. It's not intended to review the performance of equipment using the water on an incident.

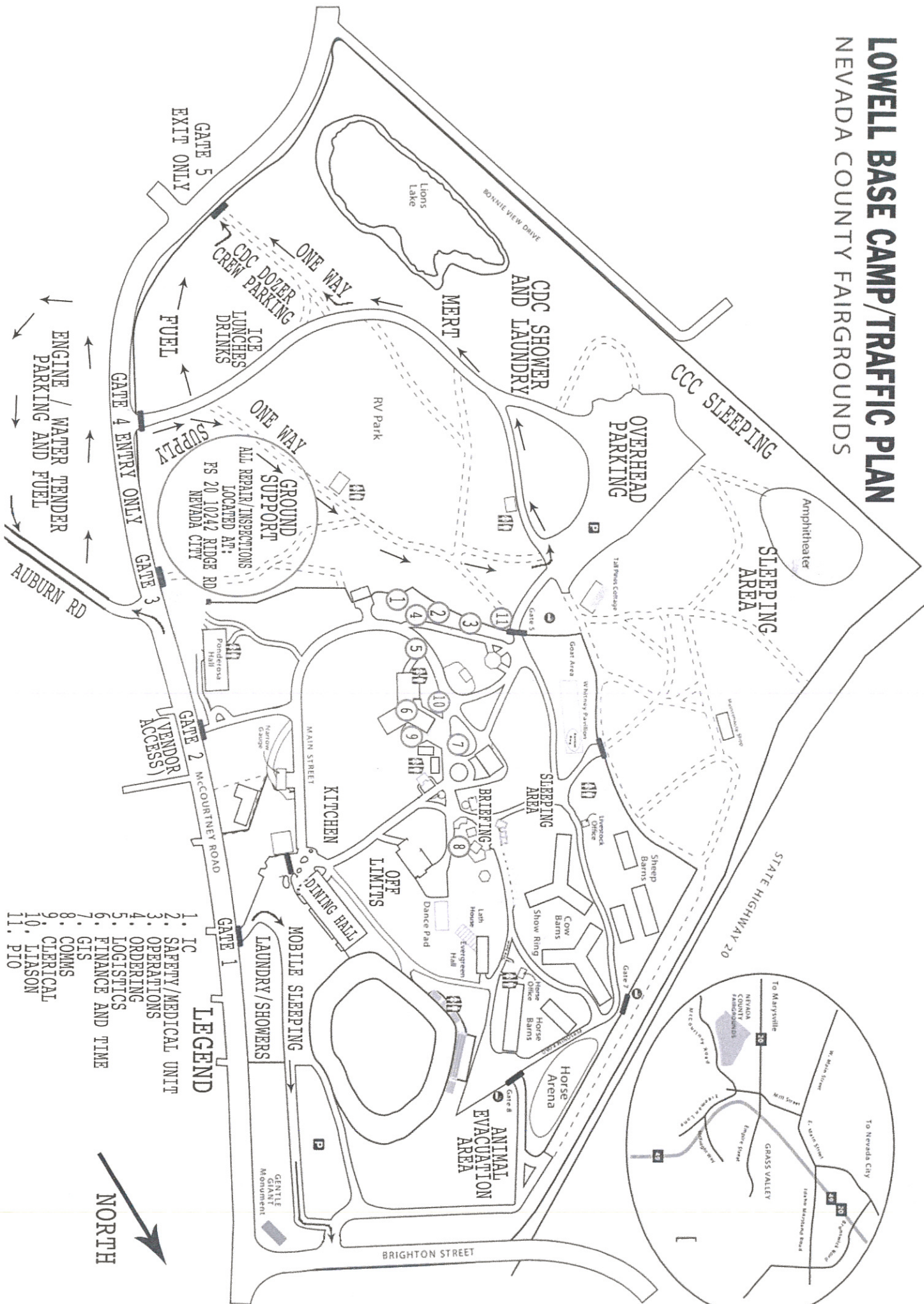
**LOWELL INCIDENT**  
**CANEU 017851**  
**LOWELL INCIDENT IAP PHONE LIST**

<b>POSITION</b>	<b>PHONE NUMBER</b>
<b>Command Staff</b>	
Safety	209-761-1975
Liason	760-594-2604
Law Liason	707-272-4633
<b>Agency/Organization Reps</b>	
Cal OES	916-912-4685 ext. 77726
<b>Planning Section</b>	
Situation	707-477-5194
<b>Support Branch</b>	
Facilities	530-741-0342
Ground Support	530-945-8394
<b>Service Branch</b>	
Motels	951-990-1113
Communications	530-273-8587
<b>Finance/Admin Section</b>	
Finance	559-799-2470
Time	530-273-8872
USFS Time	530-205-6378
Comp/Claims	530-966-0350
Check In	805-260-0906



# LOWELL BASE CAMP/TRAFFIC PLAN

## NEVADA COUNTY FAIRGROUNDS



## ACTIVITY LOG (ICS 214)

[illegible]